

## PSYCHOLOGY AND NURSING\*

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DOCTOR BARKER said, some few months since, in a public lecture, "It is fortunate for our people that practising physicians are becoming ever more interested in nervous people, and that they are learning to recognize more fully than formerly the importance of the psychic side of their cases. The deficiency in medical practice in this respect has been due in part, 1, to lack of instruction regarding the healthy mind (psychology); and 2, to lack of instruction regarding the sick mind (psychiatry). American universities are far behind those of the rest of the world in their provision for instruction in the latter subject. In Italy and Germany, especially, every university hospital has its psychiatric clinic in which its professor of psychiatry teaches students how to recognize and treat mental phenomena which deviate from the normal. While America has made admirable provision for the care and comfort of the insane, American medical schools are lamentably lacking in facilities for teaching medical students psychiatry, and especially for giving instruction in diagnosis and treatment in that wide and indefinite borderland between mental health and mental disease."

As nurses we must all admit that what is here said of medical schools may equally well be said of nursing instruction. Our training schools teach the principles, at least, of anatomy and physiology, of drug usage and of surgical procedures, but we continue to lay a quite inadequate foundation for the instruction that is given in nursing the mentally disturbed. This foundation is to be had in a conception of the simpler phenomena of psychology, and their perversion as seen in mental disequilibrium.

In spite of the fact that considerable information is getting about on "how to nurse" a nervous patient, there is still a lack of knowing why such and such a practice is necessary. Blind routine can never give the results of informed activity; therefore, nurses must take up this matter at the right end, its beginning, and in some way get possession of those facts of mind and mind working on which psychotherapy rests. We do not need to go the whole length in psychology, nor to look deeply

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into psychiatry, but to be of greatest value in our work we should and must know the basic principles of mind action and be able to recognize even a slight deviation from the normal in our patients. Only in the light of this knowledge can a nurse report intelligently the patient's symptoms, or carry out with immediate results the doctor's orders. Very great responsibility attaches to the nursing of the mentally unsound, and a far-reaching opportunity comes always to the nurse who has the care of a patient nervously unstrung even in a slight degree. Therefore a good equipment is imperative, and the beginning of this equipment is in the science of the normal mind.

Some nurses, of course, have studied psychology in college student days and retain a more or less accurate impression of certain of its catchwords; others may have been, like M. Jourdain, speaking prose, so to say, all their lives, without being aware of it, but for those who know a little as for those who know nothing there is a tremendous want of information on this subject of psychology. Until training schools see their way clear to go in for psychology,—until they have the money to pay lecturers,—for those of us who are past the training-school days, reading must make up this deficiency, reading and lecture courses. By wanting them very much, lectures in psychology could be got for graduate nurses, and classes undertaken that would not require too great effort and would be most instructive.

Even the ordinary magazine nowadays teems with popular articles on psychology. It is in the air and we have got to be up with the times. No more entertaining literature could be imagined than a paper on psychology by Professor William James of Harvard University. We have his "Talks to Teachers," out in book form in 1902; his "Principles of Psychology," rather deep, 1890; and his "Psychology: Briefer Course," in 1892. These last dates coincide with the psychological awakening of which there is now a new wave. Professor Baldwin of the Johns Hopkins University writes on psychology, and his "theory of imitation" makes a nurse think hard on the subject of being a model for her patients. The *Johns Hopkins Nurses' Alumnae Magazine* published, in its latest (December) issue, a lecture given at the Nurses' Club on "Emotion: its Place and Training," by Professor Stratton of the Johns Hopkins University, and Dr. Barker gave last winter, at the Club, the talk that is our classic on "The Treatment of Nervous Diseases," also published in the magazine.

After the psychology of the healthy mind, comes its variation and application in the study and care of the psychasthenic, neurasthenic or hysterical patient as comprised in modern psychotherapy.

I shall ask your society to print in their report Dr. Barker's modification of the Dubois (of Berne) routine neurasthenic treatment, but omit its reading at this time. In the way of books on this subject we have those by Dr. Paul Dubois (translated from the French) "The Psychic Treatment of Nervous Disorders," and "The Influence of the Mind on the Body." Not yet translated, but very excellent is "Isolement et Psychothérapie," by Camus et Pagnicz after Professor Déjerine. An English writer, Alfred T. Schofield, M.D., writes on "The Management of a Nerve Patient," "Nerves in Order," "Nerves in Disorder," "The Springs of Character," and "The Force of Mind." In translation from the German of Carl Hilti are two books useful alike for reading by nurse and patient, "Happiness," and "The Steps of Life." Annie Payson Call is helpful to the patient inexperienced in life by her "Every Day Living" and several other books. I should like to speak too of Madame Guyon, Fénelon, and other writers of the Church, even of Greek and Roman philosophers, of serious writers in every age who have gone into matters of the soul and of living, whose teachings may be reported to patients very helpfully. Also of the wisest of books, our Bible, out of which the wisdom of many other volumes has grown; yet one hesitates to employ the Bible in any unsettled state of mind, or to bring in religion in moral re-education, for the reason that religion is something so bound up with the emotional life of patients that one cannot know what its effect may be. Then, too, religion is more than a science, and yet is something that the most broad-minded individual may interpret narrowly and that the most narrow-minded and ignorant do not hesitate to interpret as ultimate in the manner of their own particular belief. It is, for these reasons, a dangerous aid to psychic treatment, but an aid the most powerful, judiciously employed. Through the press we are all more or less familiar with the Emmanuel Church movement in Boston, and the good results obtained there by the working together of religion and moral re-education.

In advocating the study of psychology I need not say that knowing psychology does not mean a wholesale and unrestrained use of psychic methods on a nurse's own initiative. She is no less than before subject to the doctor's orders. Her knowledge only helps her to observe and to do as she is told. Many times the nurse must take up the battle with the perverted will of the patient and fight over and over again the same fight that the doctor carries on during his visits. Knowing psychology will teach her also when to stop fighting; that a few simple truths, not repeated to the point of fatigue but repeated till attention is gained, are vastly more valuable than complicated or involved reasoning

that ends by exhausting the patient and never becoming a focal idea. She will find out what are the patient's focal ideas, and what lie on the fringe of consciousness; what ideas may be brought to meet the existing ideas or "native interests" and how strong these must be. She will know the importance of habit, how to engage the attention, how to enlist the will-power, and the laws of its inhibition. The statement that "voluntary action is at all times a resultant of the compounding of our impulsions with our inhibitions" puts a high value on knowing how these forces may be guided to proper action,—that to direct the will to self control, to manage the impulses by the mechanism of inhibition, is to produce a strong man or woman, a useful citizen; put no bounds upon the desires of the will and let it be too rapid firing and there results a dangerous person, a maniac; let the thought center upon self, upon one idea, so that inhibitions simply leave no room for the will to operate, and we get the condition often seen in melancholia,—a condition of aboulia or inability to will or perform; leave the desire to do, with the lack of the will to carry out an idea, and there is the familiar type of neurasthenic, inefficient, dissatisfied and unhappy; bring into continual conflict the will and the inhibitive process, and we have the psychasthenic who exhibits symptoms of almost every other type and is the "nervous" person most difficult to regulate and cure,—that is, outside of true insanity. Following up these various conditions and applying to them the remedies suggested by the nature of their origin— included in this being those ordinarily known as "physical," since the carrying out of an idea is a purely physical process, we are told,—we see the use of psychology to the nurse in impelling her to study her patient and to realize the value of every circumstance that surrounds him,—discounting those of no especial value, and leaning mightily on those that are master secrets in his cure. She will also be helped in her own mental life to a degree that amazes her if she has not heretofore thought deeply on inner things.

**DUBOIS DIET AND ROUTINE HOSPITAL NURSING TREATMENT FOR  
DR. BARKER'S NERVE PATIENTS.**

Rest in bed with one pillow for several weeks. Strict isolation from friends, letters, papers, or anything else external. Life moves in prescribed radius until doctor orders change.

Given during entire treatment:

Cold sponge, 55° to 60°, followed by alcohol rub, and preceded by cleansing bath, every morning;

Cold pack every night;  
Soapsuds enema every third day if necessary;  
Prepared lime juice, two drachms, in glass of water, or juice of half a lemon, or of an orange, every morning before any food.

Diet of Dubois (of Berne):

First week, milk only, every two hours, from seven a.m. to nine p.m., preferably given hot.

First day feedings, three ounces; second day, four and one-half ounces; third day, six ounces; fourth day, six ounces, with nine ounces three times; fifth and sixth days, the same as fourth day, except at seven a.m. when twelve, instead of nine ounces are given; and on sixth day, with first milk, give slice of brown bread with honey or marmalade; seventh day, as on the sixth, until one p.m. when full meal schedule is taken up and continued as on

Eighth day, seven a.m. milk, eight ounces;  
Eight-thirty a.m. full breakfast, with honey or marmalade;  
Ten a.m. milk, eight ounces, (often twelve ounces, at all times);  
One p.m. full dinner.  
Four p.m. milk, eight ounces;  
Six p.m. full supper with cooked fruit;  
Nine p.m. (after pack) milk, eight ounces.

Patients may have tea or coffee, not strong, once a day, and milk or cocoa at other meals. No alcohol. Vegetables are important, and spinach, carrots, or cooked celery are given every day for dinner.

Meals are very full, as varied as possible, but no choice on the patient's part is allowed, and nothing may be rejected.

Raw eggs are given, as ordered for the needs of the patient.

Patients may be propped with pillows for meals. When ordered to sit up in bed, usually at the end of five weeks, proceed:—

First day, back rest one hour, increasing to two hours; on fourth day, wheel chair one hour, increasing to two hours; on eighth day, walk ten minutes, increasing time daily, until at the end of another fortnight, or less, the patient walks five miles with ease.

A quick plunge into water at tap temperature, slightly over 50°, is usually begun when the patient begins to walk, and takes the place of the cold sponge.

At this period also training in "setting up" exercises is frequently ordered.

As many hours as possible, five or six, or more, are passed out of

doors each day, even while in bed, and wide open windows for sleeping are compulsory.

About the time the patient begins to sit up, some work, as sewing or knitting, is recommended for an hour or so a day, the patient propped with pillows while in bed.

Reading aloud for increasing periods to two hours per day is taken up early in the cure. The patient is permitted to read, under supervision as to time and subject, and in all things is gradually led back, under the doctor's ordering, to normal life and intercourse.

It must, of course, be understood that this routine only holds for certain cases. Dr. Barker considers that it is extremely important to individualize, and it is rare that any two patients are treated exactly alike.

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### THE NEWER TREATMENT OF CEREBRO- SPINAL MENINGITIS \*

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DURING the epidemics of cerebro-spinal meningitis which occurred in different places between 1904 and 1907, an organism discovered by Weichselbaum in 1887, was proven beyond question to be the cause of the disease, although the mode of infection in man is still unknown. At the Rockefeller Institute in New York, Dr. Flexner and his associates began a series of experiments with monkeys and guinea pigs, in which the infection can be controlled, with the hope of producing an efficient antiserum, and they succeeded in getting one which checked the symptoms and apparently cured the infected animals. After many experiments with animals the serum was used in cases of epidemic meningitis with such results as would seem to justify its further use.

The serum in use has been procured by inoculating a horse, at first subcutaneously, with dead bacilli, then intravenously with living bacilli, which have been obtained from different parts of the country, and increasing the dose each week until the animal is immune. The serum is in one strength, a reddish yellow fluid, and is supplied to physicians who will use it under direction and make a report of the cases treated.

The serum is usually warmed to body temperature and injected into the spinal canal after the withdrawal of a variable amount of the

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